



Request for Correction to Pharmacy Notice

Fax to: (251) 625-6502 OR (866) 478-7909
Attn: Admissions & Billing Departments

Facility: _____ Fax # _____ Date: _____ Starting Invoice Amount: _____
To be Completed by Pharmacy

Patient Name	Rx #	\$ Charged	Reason for Dispute	Credit Y or N	Explanation

Please fax to the Pharmacy Billing Department within 10 Days upon receipt of your statement/invoice.

The Pharmacy Billing Department will return their response to the facility via fax.

All charges become final 10 days from receipt of statement/invoice unless this form has been received by Rx Advantage.

Please Sign Below to Authorize

Facility Billing Representative: _____

Pharmacy Billing Representative: _____

Adjusted Invoice Amount: _____

7101 Highway 90, Suite 300 • Daphne, Alabama 36526
 Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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